

Diabetes

Insulin Pump School Care Plan

Grade _____ Teacher _____ School _____

If vomiting, call parents immediately.

School Lunch

Type of meal plan:

☐ **Carbohydrate Counting**

Some children may need to take insulin prior to lunch. The insulin dose will need to be determined based on the grams of carbohydrate the child will be eating. Many children will have an insulin -to-carbohydrate ratio to help them match their insulin to food.

Insulin-carbohydrate ratio _____ unit(s) of insulin for every _____ grams of carbohydrate (example: 1 unit of insulin for every 15 grams of carbohydrate)

☐ **Set meal plan**

Some children will have a set meal plan where they eat the same amount of carbohydrate for each meal. Pre-lunch insulin is not necessary for children following a set meal plan unless they have a high blood glucose.

Snacks

Does child require snacks during school hours? (please circle) Yes No

If yes, at what times are snacks needed? _____

List food items to be provided by family for snacks. _____

Special Parties/Field Trips

Special parties, field trips & other events will occur during the school year. How would parents like to be contacted about these events? _____

Handling special occasions at school (please circle)

- | | | |
|---|-----|----|
| 1. My child will be responsible for making his/her own choices. | Yes | No |
| 2. I will provide appropriate substitutions for my child. | Yes | No |

Other School Personnel

Please check which other school personnel should be aware of this Diabetes School Care Plan.

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Office staff | <input type="checkbox"/> Principal, Assistant Principal | <input type="checkbox"/> Lunch room personnel |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> Teachers | <input type="checkbox"/> Classroom representative |
| <input type="checkbox"/> Bus drivers | <input type="checkbox"/> Substitute teachers | <input type="checkbox"/> Coaches / Advisors |
| <input type="checkbox"/> Other _____ | | |

Emergency Telephone Numbers

Parent/guardian name _____ Daytime Phone # _____

Work # _____ Home # _____ Cell # _____ Pager # _____

Parent/guardian name _____ Daytime Phone # _____

Work # _____ Home # _____ Cell # _____ Pager # _____

Alternate contact _____ Daytime Phone # _____

Work # _____ Home # _____ Cell # _____ Pager # _____

Alternate contact _____ Daytime Phone # _____

Work # _____ Home # _____ Cell # _____ Pager # _____

Parent/guardian signature _____ Date _____

School nurse signature _____ Date _____

Teacher signature _____ Date _____

Physician signature _____ Date _____

Developed by an ad hoc committee of the Utah Diabetes Control Program, Advisory Board, including: Colleen Drake, RN, CSN; Caroline Green, RN, BSN, CHES; Sherrie Hardy, MS, RD, CDE; Dawn Higley, RN, MS, CDE; Kandy Hillam, RN, BSN, CDE; Lucie Jarrett, APRN, MS, CDE; Paula Johnson, RN, BSN; Carol Rasmussen, RNC, CDE; and Virginia Sanchez, RN, BS.

This publication was supported by Cooperative Agreement Number U32/CCU815668-03 from the CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC. October 2003